

Name  
in  
Full

Mary E. Birch

4/23/1906

## CERTIFICATE OF DEATH

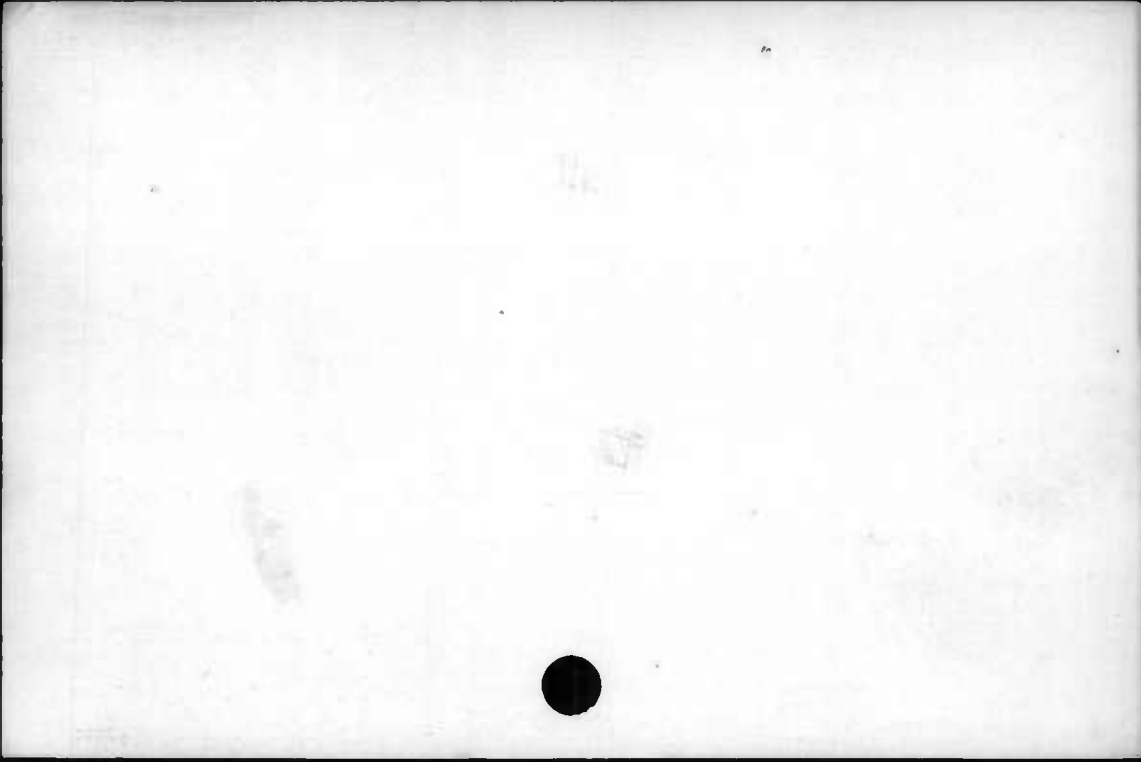
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Near <i>Douglas</i>		<i>Worcester</i>					
Date of death	1906	Month	4	Day	24	Years	Age
						Months	Days
						4	13
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Ind</i>
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				
Father's Name		<i>Leard C. Birch</i>				Father's Birthplace	<i>Ind</i>
Mother's Maiden Name		<i>Maudie Pusey</i>				Mother's Birthplace	
Name of person giving information		<i>James Hobson</i>				How related to deceased	<i>Son</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Run away</i>	How long	<i>Instant-</i>
Immediate	<i>Mashed</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Had none</i>	
Address			
Accident or not?			
<i>Accident-</i>			



Name  
in  
Full

Margie Brown

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Snow Hill</u> <sup>Town</sup>		<u>Worcester</u> <sup>County</sup>		MARYLAND	
Date of death	1906	Month	April	Day	12
Age	2	Years	3	Months	11
Days	12	Sex	Female	Color or Race	Negro
Birth-place	Snow Hill, Md.				
Occupation	None		Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name	Frank Brown			Father's Birthplace	Snow Hill, Md.
Mother's Maiden Name	Alice Victor			Mother's Birthplace	Snow Hill, Md.
Name of person giving information	Frank Brown			How related to deceased	Father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Burned by fire	How long	21 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	John L. Riley M.D.
yes		Address	Snow Hill, Md.
Accident or Suicide?			



44

Name  
in  
Full

Elizabeth Calvert

## CERTIFICATE OF DEATH

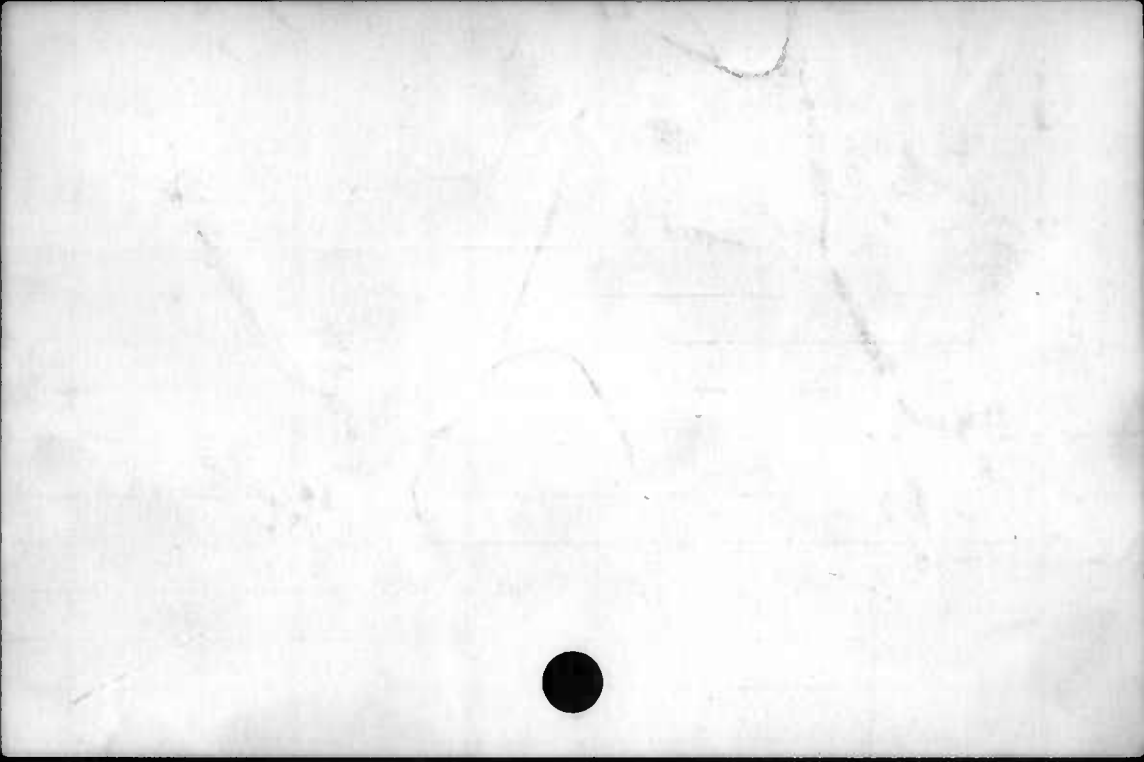
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Pocomoke City</i>		Town <i>Worcester</i>		County		MARYLAND	
Date of death <i>1906</i>	Month <i>April</i>	Day <i>7</i>	Age <i>87</i>	Years	Months <i>1</i>	Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Benango Co. Pa.</i>			
Occupation <i># No occupation</i>		Where Residing if not at place of death <i>at Place of death</i>					
<del>Married</del> or Widowed		Name of Wife or Husband <i>Charles Calvert</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving Information <i>Jeremiah Brenner</i>		How related to deceased <i>son in Law</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cataren Fever &amp; Bronchitis</i>	How long <i>about one week</i>
Immediate <i>Exhaustion</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J T Coosten</i>
	Address <i>Pocomoke City Md</i>
<del>Accident</del> Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Stocketton

Town

Harris

County

MARYLAND

Date

of death 1906

Month

4

Day

11

Age

Years

—

Months

2

Days

Sex

female

Color or  
Race

Black

Birth-  
place

Mo

Occupation

Infant

Where Residing if not  
at place of death

Mo

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Frank Davis

Father's  
Birthplace

Va

Mother's  
Maiden Name

Mary E Bayne

Mother's  
Birthplace

Va

Name of person giving  
Information

Noah Bayne

How related  
to deceased

Grand father

## CAUSES OF DEATH

Primary

Heart failure

How long

1 Day

Immediate

Heart failure

How long

11 "

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

No Physician

Address



Accident or Suicide?





Name  
in  
Full

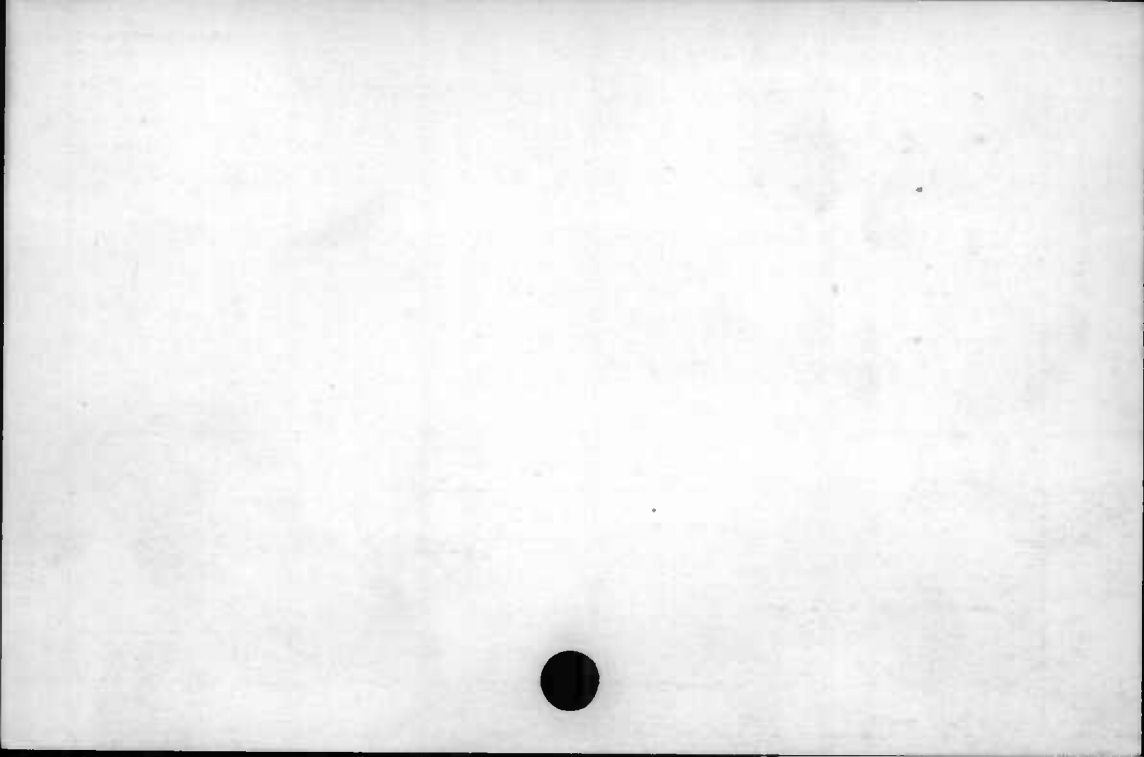
Thomas Dryden

## CERTIFICATE OF DEATH

Died at <i>Snodgrass</i>		Town <i>Snodgrass</i>		County <i>Richmond</i>		MARYLAND	
Date of death 190 <i>6</i>	Month <i>4</i>	Day <i>4</i>	Age <i>37</i>	Years <i>2</i>	Months <i>10</i>	Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ind.</i>			
Occupation <i>Laborer</i>			Where Residing if not at place of death <i>Snodgrass Ind.</i>				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Minna Powell</i>					
Father's Name <i>Dryden</i>				Father's Birthplace <i>Ind.</i>			
Mother's Maiden Name <i>Charlotta Bowen</i>				Mother's Birthplace <i>Ind.</i>			
Name of person giving information <i>Minna Dryden</i>				How related to deceased <i>Wife</i>			

## CAUSES OF DEATH

Primary <i>Pneumonia</i> <b>(93)</b>	How long <i>4 days</i>
Immediate <i>Paralysis of Muscles of Resp.</i>	How long <i>about 6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Ch. B. Mumford</i>
	Address <i>Snodgrass Ind.</i>
Accident or Suicide?	



Name  
in  
Full

*Shir*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Snow Hill</i>		Town <i>Worcester</i>		County <i>Worcester</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Apr</i>	Day <i>27</i>	Age	Years	Months <i>4</i>	Days	
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Snow Hill</i>				
Occupation			Where Residing if not at place of death				

~~Married~~ Single  
or ~~Widowed~~

Name of Wife or  
~~Husband~~

Father's  
Name

*Frank Dues*

Father's  
Birthplace

*Wor. Co.*

Mother's  
Maiden Name

*Bell West*

Mother's  
Birthplace

*Wor. Co.*

Name of person giving  
In formation

*Frank Dues*

How related  
to deceased

*father*

CAUSES OF DEATH

Primary

*Tuberculosis*

How long

*2 mo*

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

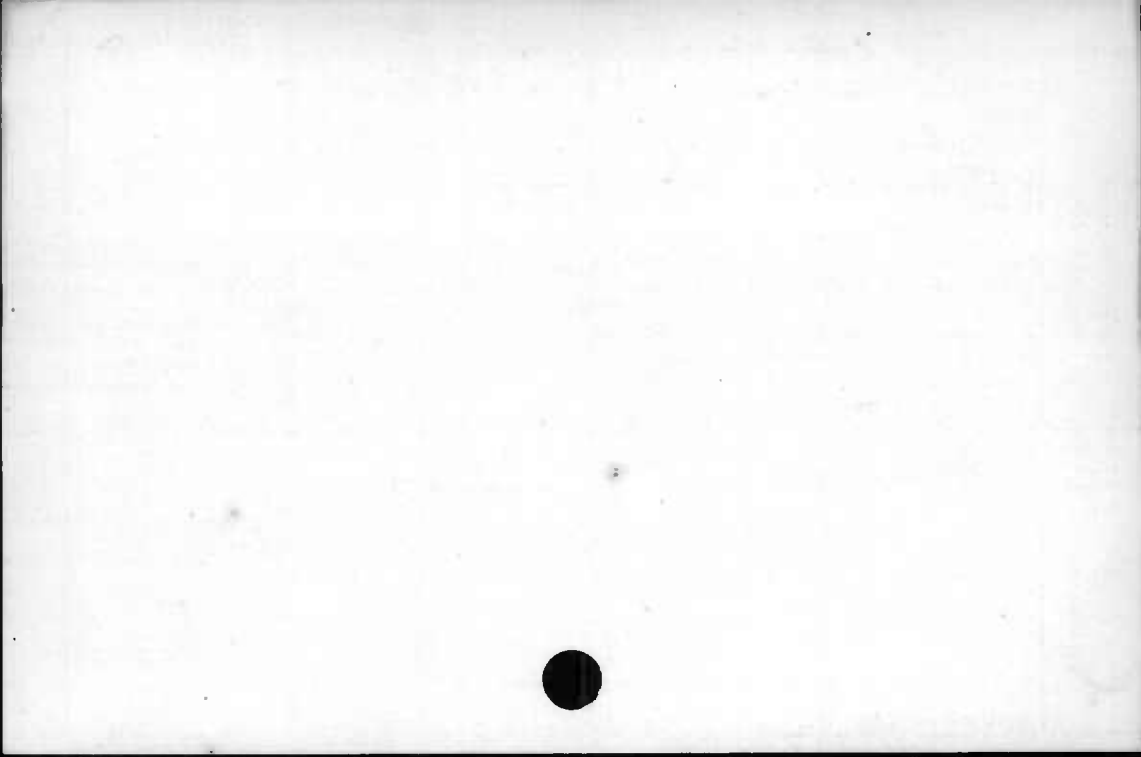
*Yes*

Signature of  
Physician

Address

*Lawrence  
Snow Hill Md*

Accident or Suicide?



Name  
in  
Full

*Annelle Hassett*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Berlin</i> <sup>Town</sup>		<i>Worcester</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	<i>4</i> <sup>Month</sup>	<i>17</i> <sup>Day</sup>	<i>61</i> <sup>Years</sup>	<i>—</i> <sup>Months</sup>	<i>—</i> <sup>Days</sup>
Sex <i>Female</i>	Color <i>Blk</i>	Birth-place <i>Ind</i>			
Occupation <i>House wife</i>		Where residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Isaac Hassett</i>				
Father's Name <i>John Watts</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>—</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>Isaac Hassett</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cardiac Dilatation</i>	How long <i>506 years</i>
Immediate <i>Heart failure</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Ebe Holland</i>
<i>Yes</i>	Address <i>Berlin</i>
Accident or Suicide? <i>—</i>	

11.11.11



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Unmau Margin</i>		Town <i>Pocomoke City</i>		County <i>Worcester</i>		MARYLAND	
Died at		Date of death <i>1906</i>		Month <i>Apr</i>		Day <i>3</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Age <i>9</i>		Years <i>9</i>	
Occupation <i>None</i>		Birthplace <i>Pocomoke City</i>		Where Residing if not at place of death <i>Pocomoke City</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband		Father's Birthplace <i>Somerset</i>		Mother's Birthplace <i>Worcester</i>	
Father's Name <i>Benjamin Margin</i>		Mother's Maiden Name <i>Elizabeth Smith</i>		Name of person giving information <i>Benjamin Margin</i>		How related to deceased <i>Father</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Lacriff</i>		How long <i>9 days</i>	
Immediate		How long <i>" "</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>None</i>	
		Address <i>Benjamin Margin's Father</i>	
Accident or Suicide?			





Name  
in  
Full

Robert - A Wise or Marshall

## CERTIFICATE OF DEATH

Died at *near Berlin*

Town

*Worcester*

County

MARYLAND

Date  
of death 1906

Month

4

Day

9

Age

Years

80

Months

Days

Sex

*Male*Color or  
Race*Blk*Birth-  
place

Occupation

*Labourer*Where Residing if not  
at place of deathMarried, Single  
or Widowed*Married*Name of Wife or  
Husband*Jane Mossey*Father's  
Name*\_\_\_\_\_*Father's  
BirthplaceMother's  
Maiden Name*\_\_\_\_\_*Mother's  
BirthplaceName of person giving  
Information*Robt - Marshall*How related  
to deceased*son*

## CAUSES OF DEATH

Primary

*old age*

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address



Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Infant

Predean

## CERTIFICATE OF DEATH

Town

County

Died at near Newark

Worcester

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1906

4

4

Age

2

Sex

Male

Color or  
Race

Blk

Birth-  
place

Eud

Occupation

Where residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Leymus Predean

Father's  
Birthplace

Eud

Mother's  
Maiden NameMother's  
BirthplaceName of person giving  
information

E. P. Bowser

How related  
to deceased

None

## CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

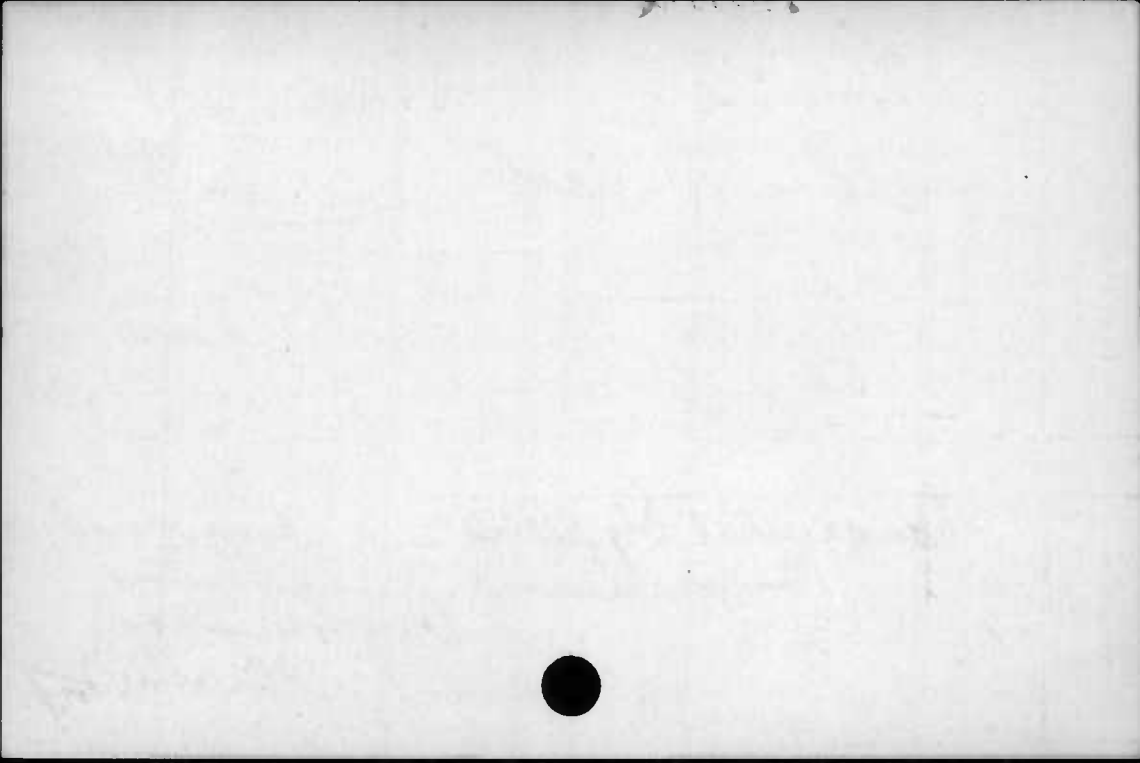
Had none

E. P. Bowser

Newark Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Infant - Purnell

CERTIFICATE OF DEATH

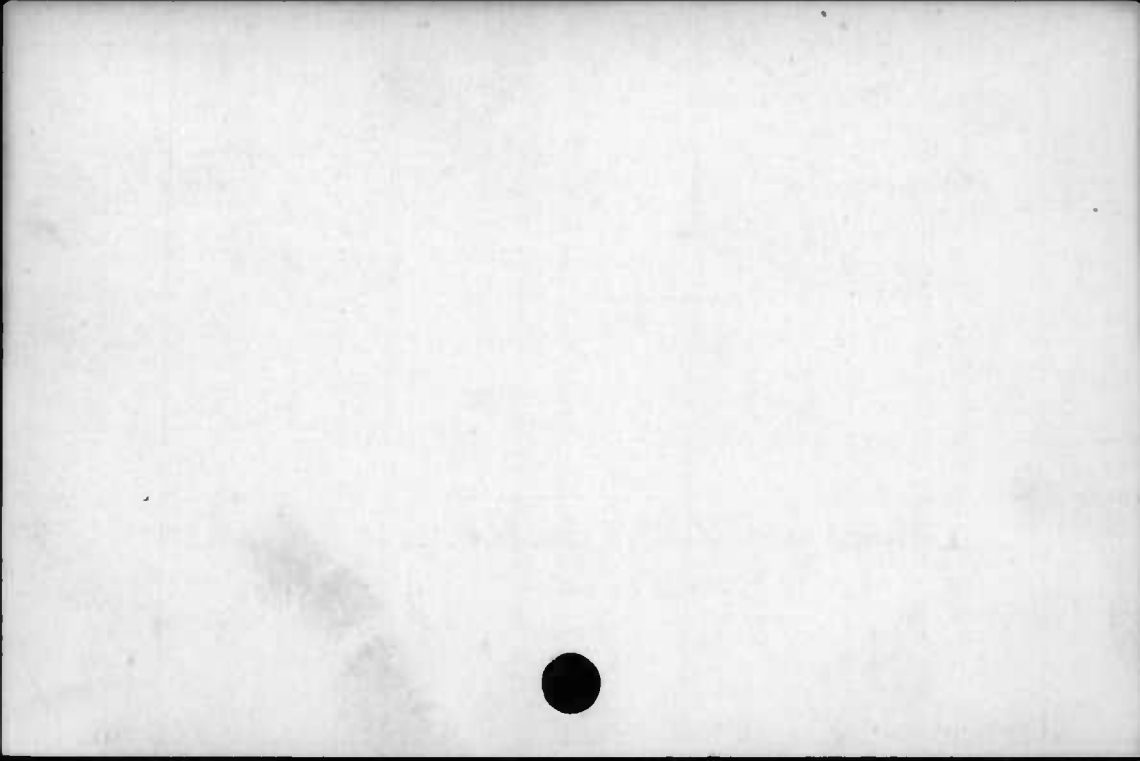
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Newtownshire</u> <sup>Town</sup>		<u>Worcester</u> <sup>County</sup>		MARYLAND	
Date of death	1906	Month	4	Day	21
Age		Years		Months	Days
Sex		Male		Color or Race	Blk
Birth-place		Ind			
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Wm Purnell (36)		
Father's Birthplace			Ind		
Mother's Maiden Name			Ella Spencer		
Mother's Birthplace			"		
Name of person giving information			Wm Purnell		
How related to deceased			Wson		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Congenital Syphilis	How long	some birth
Immediate	Pneumonia	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		Cecilia S. Berlin	
		Berlin, Md	
Accident or Suicide?			



Name  
in  
Full

Lucy L. Scott

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

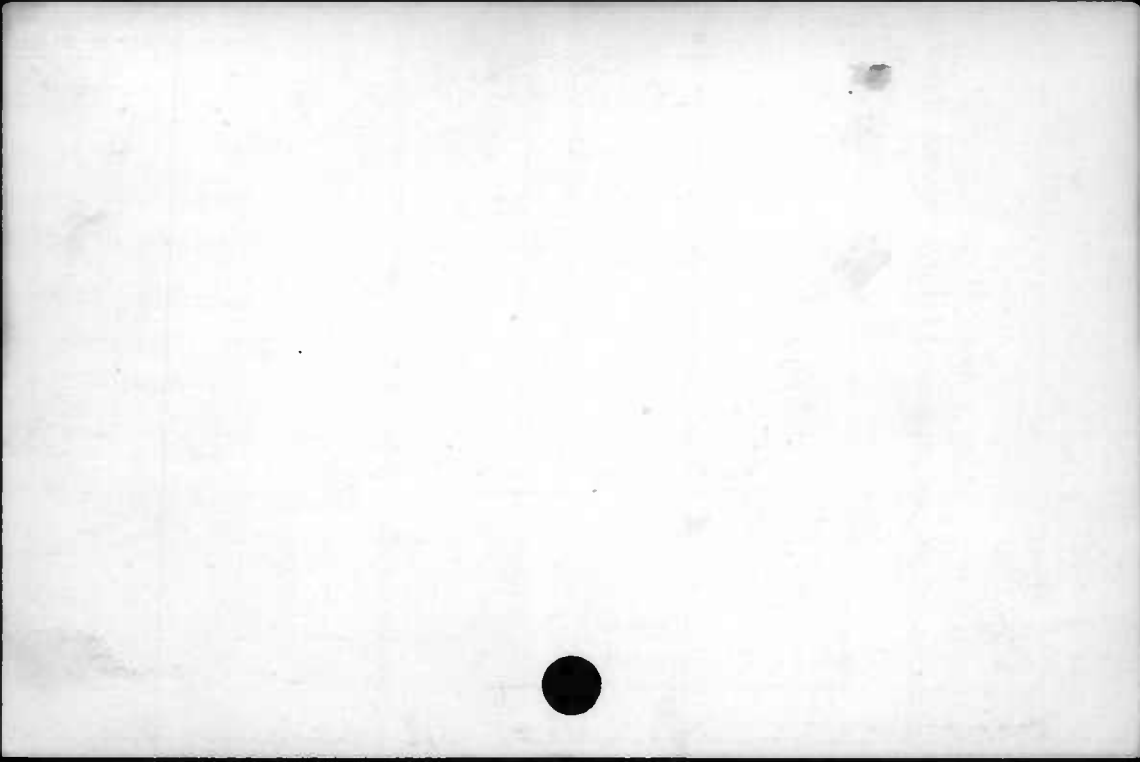
MARYLAND

Died at <i>Logtown</i>		County <i>Worcester</i>	
Date of death 190 <i>6</i>	Month <i>4</i>	Day <i>8</i>	Age <i>28</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Ind</i>	
Occupation <i>Housewife</i>	Where Residing If not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>John Scott</i>		
Father's Name <i>Erner White</i>	Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>White</i>	Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Daniel Scott</i>	How related to deceased <i>Brother-in-law</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Sepsis following miscarriage</i>	How long <i>2 weeks</i>
Immediate <i>Writter; appendicitis</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Ebe Holland</i>
	Address <i>Bedford Ind</i>
Accident or Suicide? <i>No</i>	





Name  
in  
Full

Mrs Jane Stephens

## CERTIFICATE OF DEATH

MARYLAND

Died at *Berlin* Town*Worcester* CountyDate of death *1904 April*Day *6*Age *77*Months *-*Days *-*Sex *Female*Color or Race *white*Birth-place *Delaware*

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
Husband*Henry Stephens*Father's  
Name*John Andrews*Father's  
Birthplace*Delaware*Mother's  
Maiden Name*Jane Andrews*Mother's  
Birthplace*Delaware*Name of person giving  
information*William Stephens*How related  
to deceased*Son*

## CAUSES OF DEATH

Primary

*Angina Pectoris*

How long

*1 day*

Immediate

*Heart failure*

How long

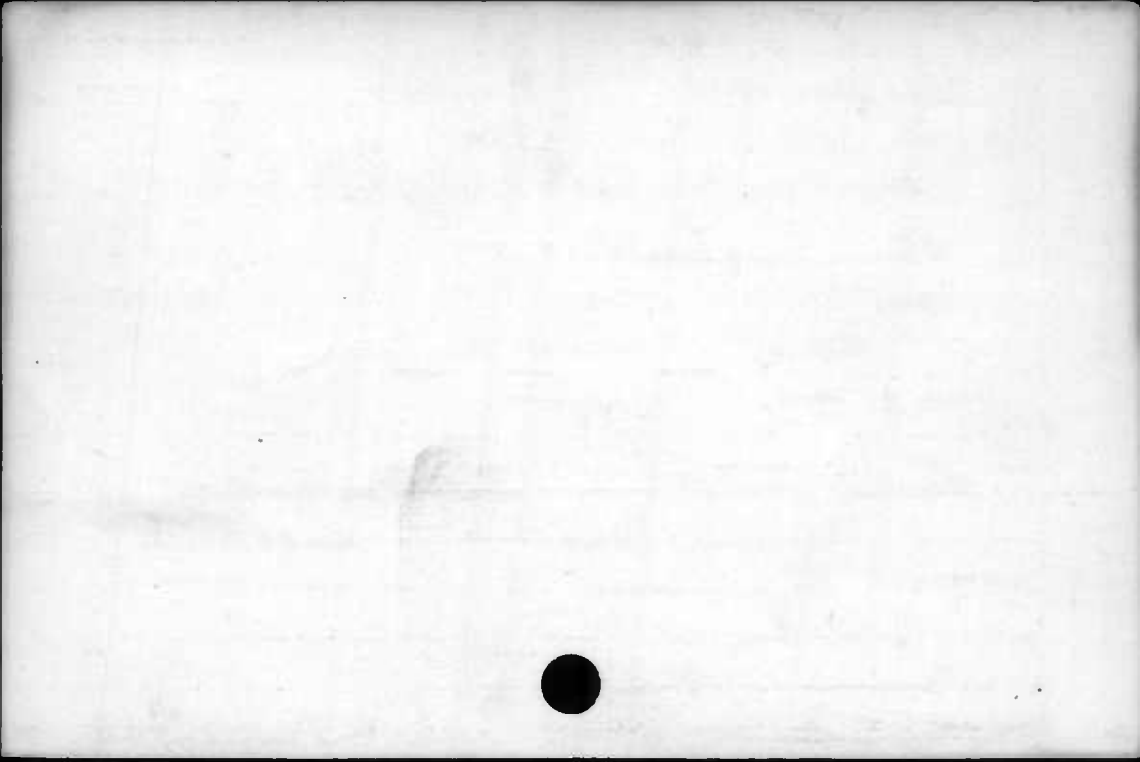
*2 weeks*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*Edw Holland*

Address

*Berlin**MD*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Russell Smith

Town

County

Died at

Ocean City

Worcester

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1906

April 27

Age

2. 21

Maryland

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Shelley Smith

Mother's

Maiden Name

Lilly May Quillen

Cause of

Primary

Whooping-Cough

Death

Immediate

Pneumonia

How long sick

About 2 months

~~Accident, Suicide, Homicide~~

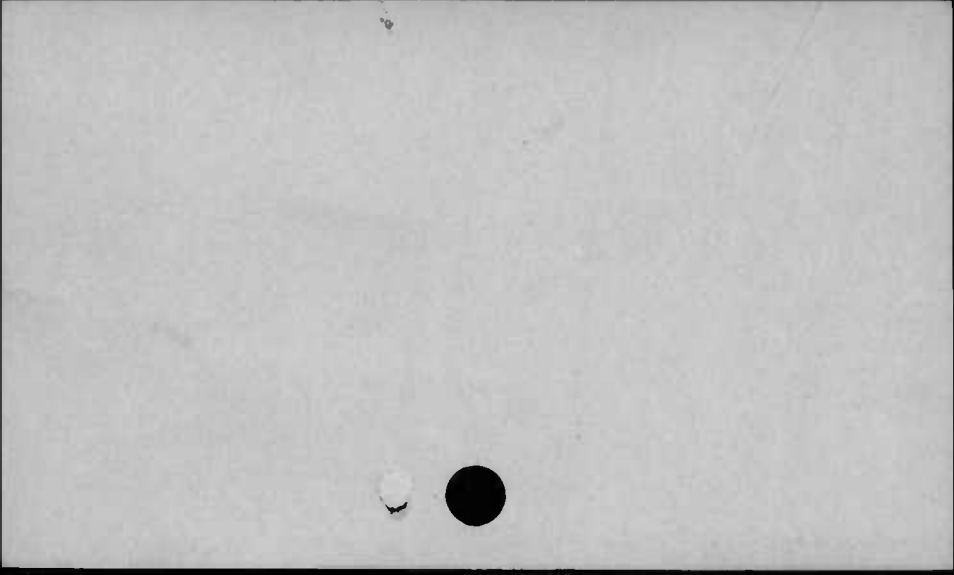
Reported by

J. D. Baggett M.D.

Address

Ocean City, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Thos R. P. S. White

## CERTIFICATE OF DEATH

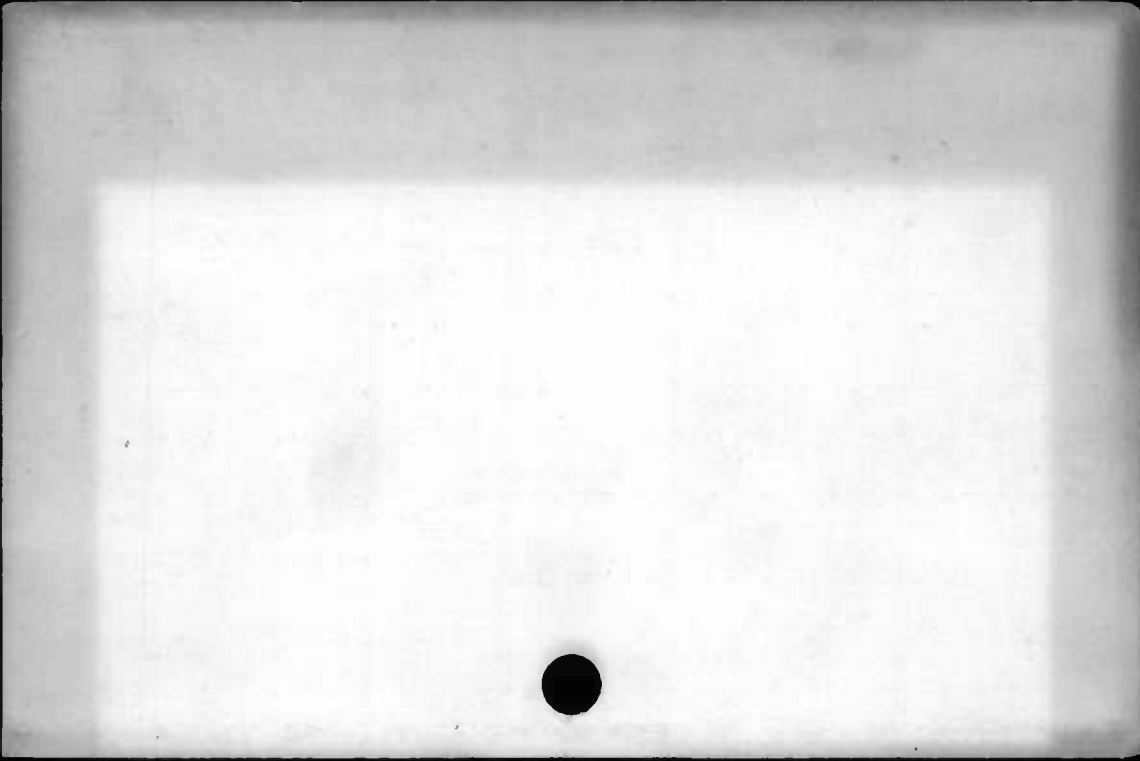
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Snow Hill</i>		Town <i>Worcester</i>		County		MARYLAND	
Date of death <i>1906</i>	Month <i>April</i>	Day <i>22</i>	Age <i>74 82</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>Worcester Co.</i>				
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Worcester Co.</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Susan White</i>						
Father's Name	—		Father's Birthplace		—		
Mother's Maiden Name	—		Mother's Birthplace		—		
Name of person giving information	—		How related to deceased		—		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>"Grip" followed by</i>		How long	<i>one week</i>
Immediate	<i>Natural decline</i>		How long	<i>2 Mo.</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician	<i>Paul Jones</i>
		Address	<i>Snow Hill</i>	
Accident or Suicide?		—		



Name In Full

Certificate of Death

*Phos* Town *William* County  
 Died at *Snow Hill* *Worcester* MARYLAND  
 Date 1906 *April* Month *13* Day Age *Ind*  
 Male *White* Married *Wid* Native of *Ind* Occupation *farmer*  
 Female *Colored* Single *Wid* Number of children living

Husband  
 of  
 Wife

Father's  
 Name

Mother's  
 Maiden Name

Cause of { Primary  
 Death { Immediate

*Paralysis*

*(66)*

How long sick *one week*  
 Accident, Suicide, Homicide

Reported by

Address

*Paul Jones*  
*Snow Hill Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

